

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Date:: 01/11/02
Application Type:: REGULAR
Subject Matter:: UTILITY
CD-ROM or CD-R?: NONE
Title:: w-CARBOXYARYL SUBSTITUTED
DIPHENYL UREAS AS RAF KINASE
INHIBITORS
Attorney Docket Number:: BAYER 25A

INVENTOR INFORMATION

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Germany
Status:: FULL CAPACITY
Given Name:: Bernd
Family Name:: RIEDL
City of Residence:: Wuppertal
Country of Residence:: Germany
Street of Mailing Address:: Von der Goltz Strasse 7
City of Mailing Address:: Wuppertal
Country of Mailing Address:: Germany
Postal or Zip Code of Mailing Address:: 42329

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: France
Status:: FULL CAPACITY
Given Name:: Jacques
Family Name:: DUMAS
City of Residence:: Orange
State or Province of Residence:: Connecticut
Street of Mailing Address:: 821 Beechwood Road
City of Mailing Address:: Orange
State or Province of Mailing Address:: Connecticut
Postal or Zip Code of Mailing Address:: 06477

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: India
Status:: FULL CAPACITY
Given Name:: Uday
Family Name:: KHIRE
City of Residence:: Hamden
State or Province of Residence:: Connecticut
Street of Mailing Address:: 101 Tangelwood Drive
City of Mailing Address:: Hamden
State or Province of Mailing Address:: Connecticut
Postal or Zip Code of Mailing Address:: 06518

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Canada
Status:: FULL CAPACITY
Given Name:: Timothy
Middle Name:: B.
Family Name:: LOWINGER
City of Residence:: Nishinomiya City
State or Province of Residence:: Hyogo
Country of Residence:: Japan
Street of Mailing Address:: #203, 5-7 Chitose-Cho
City of Mailing Address:: Nishinomiya City
State or Province of Mailing Address:: Hyogo
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 662-0046

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: United States
Status:: FULL CAPACITY
Given Name:: William
Middle Name:: J.
Family Name:: SCOTT
City of Residence:: Guilford
State or Province of Residence:: Connecticut
Street of Mailing Address:: 210 Saddle Hill Drive
City of Mailing Address:: Guilford
State or Province of Mailing Address:: Connecticut
Postal or Zip Code of Mailing Address:: 06437

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: CANADA
Status:: FULL CAPACITY
Given Name:: Roger
Middle Name:: A.
Family Name:: SMITH
City of Residence:: Madison
State or Province of Residence:: Connecticut
Street of Mailing Address:: 65 Winterhill Road
City of Mailing Address:: Madison
State or Province of Mailing Address:: Connecticut
Postal or Zip Code of Mailing Address:: 06443

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: United States
Status:: FULL CAPACITY
Given Name:: Jill
Middle Name:: E.
Family Name:: WOOD
City of Residence:: Hamden
State or Province of Residence:: Connecticut
Street of Mailing Address:: 72 Pickwick Road
City of Mailing Address:: Hamden
State or Province of Mailing Address:: Connecticut
Postal or Zip Code of Mailing Address:: 06517

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: United States
Status:: FULL CAPACITY
Given Name:: Mary-Katherine
Family Name:: MONAHAN
City of Residence:: Hamden
State or Province of Residence:: Connecticut
Street of Mailing Address:: 134 Park Avenue
City of Mailing Address:: Hamden
State or Province of Mailing Address:: Connecticut
Postal or Zip Code of Mailing Address:: 06517

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: United States
Status:: FULL CAPACITY
Given Name:: Reina
Family Name:: NATERO
City of Residence:: Hamden
State or Province of Residence:: Connecticut
Street of Mailing Address:: 113 Edgecomb Street
City of Mailing Address:: Hamden
State or Province of Mailing Address:: Connecticut
Postal or Zip Code of Mailing Address:: 06518

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: United States
Status:: FULL CAPACITY
Given Name:: Joel
Family Name:: RENICK
City of Residence:: Milford
State or Province of Residence:: Connecticut
Street of Mailing Address:: 11 Wall Street, #4
City of Mailing Address:: Milford
State or Province of Mailing Address:: Connecticut
Postal or Zip Code of Mailing Address:: 06460

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: United States
Status:: FULL CAPACITY
Given Name:: Robert
Middle Name:: N.
Family Name:: SIBLEY
City of Residence:: North Haven
State or Province of Residence:: Connecticut
Street of Mailing Address:: 1187 Mt. Carmel Avenue
City of Mailing Address:: North Haven
State or Province of Mailing Address:: Connecticut
Postal or Zip Code of Mailing Address:: 06473

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23599

REPRESENTATIVE INFORMATION

Representative Customer Number:: 23599

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	<u>60/367,380</u>	01/12/01

ASSIGNMENT INFORMATION

Assignee Name:: BAYER CORPORATION
Street of Mailing Address:: 100 Bayer Road
City of Mailing Address:: Pittsburgh
State or Province of Mailing Address:: Pennsylvania
Postal or Zip Code of Mailing Address:: 15205